

Seattle Fire Marshal's Office

220 3rd Avenue S. Seattle, WA 98104-2608

Phone: 206-386-1450 Fax: 206-386-1348



System Test Report

PAINT/SPRAY BOOTH SUPPRESSION

STATUS

☐ Confidence Test

☐ Reacceptance Test

☐ Red

☐ Yellow

☐ White

Occupancy Information

Occupancy Name:

Contact Name:

Occupancy Address:

Contact Phone:

Contact Email:

Inspection & Testing Agency Information

Name:

Phone:

Address:

Emergency Phone:

Email:

Inspector/Tester Information

Name:

Phone:

SFD Certification No.: SCP-_____

Paint/Spray Booth Suppression

Date of Test:

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Fire Code (IFC Chap. 9 and Chap. 24) used by the AHJ, NFPA 33 and the manufacturer's recommendations for inspecting and testing requirements.

Fire Protection System

1. TYPE OF FIRE PROTECTION SYSTEM:

PRE-TEST CHECK

AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.

SPRAY BOOTH SAFETY SYSTEMS

FIRE ALARM CONNECTION

2. The fire alarm system trips upon activation of the fire protection system.

☐ Yes

☐ No

FIRE PROTECTION SYSTEM INTERLOCKS:

3. All spraying equipment shuts down upon activation of the fire protection system (FPS).

☐ Yes

☐ No

4. All drying equipment shuts down upon activation of the FPS.

☐ Yes

☐ No

5. Where activation of the FPS requires ventilation, the exhaust equipment remains running.

☐ Yes

☐ No

6. Where the FPS requires ventilation to be discontinued, the air makeup and exhaust systems shut down and dampers close.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. The sprinkler heads or other FPS nozzles are properly protected against paint buildup.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SPRAY BOOTH INTERLOCKS		
8. The spray equipment will not operate unless the ventilation system is running	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. The spray equipment will not operate when the drying system is in use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. The ventilation system operates for at least 3 minutes prior to rendering any drying equipment operable.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. All drying equipment shuts down if the ventilation system fails.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. All drying equipment shuts down if the air temperature in the booth exceeds 200o F (93o C).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VENTILATION FILTERS & BOOTH INTERIOR		
13. The spray booth walls, ceiling, filters, and fan blades are free of paint build up.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. The ventilation system provides an average velocity of 100 ft/min at a cross section within the booth or across the open face of the booth.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. Glass panels or enclosures separating luminaries from the vapor area are unbroken and sealed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FINAL CHECKS		
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings)		
16. The system was left in service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. The confidence test report was given to the owner and a current status tag was posted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.		
I am authorized to submit this report for the certified technician who has accepted this statement.		
SIGNATURE (OPTIONAL)		
Signature of Technician		
Signature of Building Representative		

System Testing Reports Must Be Submitted Online

Submit reports to <http://www.thecomplianceengine.com/>